

Partner Agency Application for Funding

FY2016

FACE SHEET

Agency Name:	Rappahannock Area Health District				
<i>Has the City/ County Funded This Agency in Previous Years?</i>					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address:	608 Jackson Street, Suite 200				
Mailing Address/PO Box:					
City:	Fredericksburg	State:	VA	Zip:	22401
Telephone Number:	540-899-4797	Fax Number:	540-899-4599		
Federal Tax ID #:	54-6001775				
Web Address:	http://www.vdh.virginia.gov/LHD/rappahan/index.htm				
General Email Address:	n/a				
Agency Main Contact:	Terri Cook	Title:	Business Manager		
Telephone Number:	540-322-5878				
E-Mail Address:	Terri.cook@vdh.virginia.gov				

Agency General Information

Agency Mission:	<p>The mission of the Rappahannock Area Health District is to protect and improve the health of our diverse community through disease prevention, health promotion, emergency preparedness, and environmental protection.</p>				
Number of years agency has been in operation:	100+				
Localities Served:	The counties of Caroline, King George, Stafford, Spotsylvania and the City of Fredericksburg				

Agency Financial Information

	List Programs	Personnel Expenses	Benefits	Operating Expenses	Total Program Budget
1.	Medical Services	2,448,672	897,379	1,429,724	4,775,775
2.	Environmental Services	876,176	349,708	223,461	1,449,345
3.					
4.					
5.					
	Agency Administration:	446,228	162,289	104,620	713,137
	Capital Outlay:	0	0	0	0
	Total Agency Budget:	3,771,076	1,409,376	1,757,805	6,938,257

If your application includes funding increases for personnel (to include new positions or merit / COLA increases), please check here and explain in detail the need for this type of increase under each program budget.

Submission Checklist: <i>(include 1 copies of each)</i>	<input type="checkbox"/> IRS 501(c)(3) Letter	<input type="checkbox"/> Audit Report <i>(with Audit Management Letter)</i>	<input type="checkbox"/> Current Financial statement	<input type="checkbox"/> IRS 990
<input type="checkbox"/> Accountant Contact Information	<input checked="" type="checkbox"/> Organizational Chart	<input type="checkbox"/> Current Board Roster <i>(with contact information)</i>	<input type="checkbox"/> Agency's Current Strategic Plan	

Agency Administrative Expenses:

In the box below, provide an overview of the administrative costs detailed on the face sheet for the agency as a whole. **Please provide justification for and specific amounts of administrative costs that are defrayed by locality funds.** If your agency is requesting an increase or decrease in administrative funding, please describe, in detail, the reasons for these changes. (The description should not exceed 15 lines of text.)

The Rappahannock Area Health District (RAHD) is requesting level funding from each of the localities within Planning District 16. RAHD is not requesting additional funding for administrative costs.

Capital Outlay:

In the box below, provide an overview of the capital expenses detailed on the face sheet for the agency as a whole. **Please provide justification for and specific amounts of capital costs that are defrayed by locality funds.** (The description should not exceed 10 lines of text.)

No capital funding is requested.

Personnel Expenses (General):

In the box below, provide an overview of any increases or decreases in general personnel expenses for the agency. This would include any planned or projected merit or COLA increases, or new positions being requested. Also include a description of any changes to agency benefits structure or cost. **(The description should not exceed 10 lines of text.)**

The Rappahannock Area Health District is requesting level funding from each of the localities within Planning District 16. RAHD is not requesting additional funding for personnel expenses.

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BUDGET EXPLANATIONS

Budget Information

Please complete the following chart with the financial information for the agency as a whole. In each area include the budget specifically allocated to your agency from each locality/entity listed below.

	FY2014 Actual	FY2015 Budgeted	FY2016 Projected
Caroline	283,665	275,404	275,404
Fredericksburg	414,280	414,280	414,280
King George	308,415	308,415	308,415
Spotsylvania	647,569	647,569	647,569
Stafford	535,938	535,938	535,938
United Way	0	0	0
Grants	1,606,762	1,569,148	1,569,148
Client Fees	884,936	850,104	850,104
Fundraising	0	0	0
Other <i>(explain below)</i>	2,531,123	2,337,399	2,337,399
Total Agency Budget for PD16	7,212,688	6,938,257	6,938,257

Detail below what is included in the category 'Other':

"Other" is the allocation received from the Commonwealth of Virginia – Department of Health

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BUDGET EXPLANATIONS

Please detail below any legislative initiatives or issues that may impact the agency for the upcoming year and how you are planning for them. This could include new legislation that may increase or decrease projected funding at any level (Federal/State/Local), or could affect grants or designated funds as they are currently received. If you are aware of "outside" funding sources that will expire or be reduced on a set cycle or date, please note those below and how you are planning for them.

It is possible that VDH may introduce legislation to the General Assembly to increase some VDH-related fees. In addition, per the Governor's request, VDH (including RAHD) submitted a proposed 7% budget reduction package for SFY16.

Please note that VDH's legislative package and initiatives originate from VDH Central Office in Richmond.

Please detail below any identified agency needs or areas of concern that are currently not being addressed in your funding request. This could include training or technical assistance for specific areas, administrative support for a program or service, evaluation of current programs, or consultation for strategic planning, board support, or fundraising.

Currently, the Rappahannock Area Health District (RAHD) operates a very large maternity program that provides prenatal and postpartum care to mainly indigent and uninsured women in Planning District 16. The program is costly to operate with expenditures of approximately \$1.1 million per fiscal year. Given RAHD's decreasing budget, this raises concerns about the funding for this important program. The program currently generates only approximately \$70,000 per year in revenue.

Given RAHD's current budget, which has diminished over time, there are positions the Health District does not have funding to fill. This is mainly due to state funding reductions and the cost of the maternity program. Moreover, the current fee structure for medical and environmental health services does not cover the operating costs of these programs.

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LOCALITY NOTES

Please use the area below to provide any locality specific notes or statements that may be relevant to your application.

City of Fredericksburg:

None

Caroline County:

None

King George County:

None

Spotsylvania County:

None

Stafford County:

None

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PROGRAM INFORMATION

Program Name:	Page 6
Medical Services	

Each agency submitting a funding request must fill out the following pages for each program serving citizens within the region and for which funding is requested. Any incomplete applications or programs that do not have a full application will not be considered for funding. PLEASE do not include any unrequested information. Each locality reserves the right to request additional information once the application has been submitted.

Program Name:	Medical Services	Is this a new program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Contact:	Brooke Rossheim, MD, MPH	Title:	District Director
Telephone Number:	540-322-5930		
E-Mail Address:	Brooke.Rossheim@vdh.virginia.gov		

1. Program Purpose/Description: *(the following description should not exceed 10 lines of text)*

The Rappahannock Area Health District provides high quality clinical patient care in specific medical areas to the residents of the counties of Caroline, King George, Spotsylvania, Stafford and the City of Fredericksburg. RAHD protects the public through detection, treatment and follow-up of residents with communicable diseases.

2. Justification of Need: *(Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request. If this is a new program, be sure to include the benefit to the region for funding a new request. The following should not exceed 10 lines of text, and should include the most recent data available.)*

In Fiscal Year 2014 the Rappahannock Area Health District performed 15,593 patient visits. With the continued stagnant economy, the need for health department services continues to increase. The medical program consists of the Women, Infants and Children (WIC) Program, maternity care, family planning, chronic disease, communicable diseases including sexually transmitted diseases, tuberculosis and rabies, immunization services, refugee services and the Every Woman's Life (EWL) Program.

3. Program Collaboration: *(The following should describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area, and should not exceed 10 lines of text.)*

Information in this area not needed

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PROGRAM INFORMATION

Program Name:	Page 7
Medical Services	

4. Program Audience and Service Delivery: *(The following should describe the program's intended audience or client base and how those clients are served. This should include the location of the service and what geographic areas are served or targeted for service. If your program has specific entry or application criteria, please describe it below. Please do not exceed 10 lines of text.)*

Information in this area not needed

5. Client Fees: *(Please describe the fees clients must pay for the services provided in this program, and how those fees are determined.)*

6. Budget Information: *(Please complete the following chart with the financial information for this program. In each area include the dollars specifically allocated/requested for this program.)*

	FY2014 Actual	FY2015 Budgeted	FY2016 Projected
Caroline	206,553	206,116	206,116
Fredericksburg	310,710	270,520	270,520
King George	231,311	222,720	222,720
Spotsylvania	385,677	402,116	402,116
Stafford	401,677	367,991	367,991
United Way	0	0	0
Grants	1,598,171	1,569,148	1,569,148
Client Fees	625,942	620,000	620,000
Fundraising	0	0	
Other	1,101,035	1,117,164	1,117,164
Total Program Budget for PD16	4,861,076	4,775,775	4,775,775

Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY2016. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the program. In particular, please describe in detail if any increase is sought for new positions or personnel.

Level funding is requested from each Locality for FY2016.

Partner Agency Funding Application FY 2016
SERVICE DATA

Program Service Data:			Service Period:							
			July 1, 2013		to		June 30, 2014			
Locality Served	Total Served		Gender		Race					
	FY2014	FY2016*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other
Fredericksburg	5257	5500								
Caroline	1356	1400								
King George	1292	1350	Information in this area not needed							
Spotsylvania	3468	3600								
Stafford	4220	4400								
Other										
Total	15,593	16,250								

**Please include the projected number to be served in each locality for the upcoming fiscal year.*

Locality Served	Age Groups								Income Levels				
	0-4	5-10	11-13	14-18	19-25	26-40	41-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000	Over \$60,000
Fredericksburg													
Caroline													
King George	Information in this area not needed												
Spotsylvania													
Stafford													
Other													
Total													

Please describe below your data collection methodology and tracking measures. Indicate systems or processes that are used and responsible parties. Please also describe how your projections are determined for the upcoming year. If any of the above information is not available, please indicate why:

Partner Agency Funding Application FY2016
PROGRAM INFORMATION

Program Name:	Page 9
Environmental Health Services	

Each agency submitting a funding request must fill out the following pages for each program serving citizens within the region and for which funding is requested. Any incomplete applications or programs that do not have a full application will not be considered for funding. PLEASE do not include any unrequested information. Each locality reserves the right to request additional information once the application has been submitted.

Program Name:	Environmental Health Services	Is this a new program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Contact:	Brent McCord	Title:	Environmental Health Manager, Sr.
Telephone Number:	540-322-5933		
E-Mail Address:	Brent.Mccord@vdh.virginia.gov		

1. Program Purpose/Description: *(the following description should not exceed 10 lines of text)*

Provide protection of the public's health through environmental health oversight.

2. Justification of Need: *(Please state clearly why this service should be provided to the citizens of the region and why the localities should consider this funding request. If this is a new program, be sure to include the benefit to the region for funding a new request. The following should not exceed 10 lines of text, and should include the most recent data available.)*

Through regulations and laws of the Commonwealth, the Environmental Health Program ensures the safety of the residents of the Rappahannock Area Health District through environmental and public health programs including: restaurant permitting and inspections, temporary food event permitting, onsite sewage disposal system permitting, alternative discharging sewage system permitting, private well permitting, rabies control program, marina program, hotel/motel program, migrant labor camp program, environmental complaint investigation, and other general environmental health programs.

3. Program Collaboration: *(The following should describe, in detail, examples of collaborative efforts and key partnerships between your program and other programs or agencies in the area, and should not exceed 10 lines of text.)*

Information in this area not needed

Partner Agency Funding Application FY 2016
PROGRAM INFORMATION

4. Program Audience and Service Delivery: *(The following should describe the program's intended audience or client base and how those clients are served. This should include the location of the service and what geographic areas are served or targeted for service. If your program has specific entry or application criteria, please describe it below. Please do not exceed 10 lines of text.)*

Information in this area not needed

5. Client Fees: *(Please describe the fees clients must pay for the services provided in this program, and how those fees are determined.)*

6. Budget Information: *(Please complete the following chart with the financial information for this program. In each area include the dollars specifically allocated/requested for this program.)*

	FY2014 Actual	FY2015 Budgeted	FY2016 Projected
Caroline	68,851	69,288	69,288
Fredericksburg	103,570	143,760	143,760
King George	77,104	85,695	85,695
Spotsylvania	241,892	245,453	245,453
Stafford	134,261	167,947	167,947
United Way	0	0	0
Grants	8,591	0	0
Client Fees	258,994	230,104	230,104
Fundraising	0	0	0
Other	565,086	507,098	507,098
Total Program Budget for PD16	1,458,349	1,449,345	1,449,345

Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY2016. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the program. In particular, please describe in detail if any increase is sought for new positions or personnel.

RAHD is requesting level funding for FY 2016.

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SERVICE DATA

Program Service Data:							Service Period:		July 1, 2013	to	June 30, 2014
Locality Served	Restaurant Inspections		Rabies		Onsite Permits		Asian	Hispanic	American Indian	Other	
	FY2014	FY2016*	FY2014	FY2016*	FY2014	FY2016*					
Fredericksburg	530	535	49	50	2	0					
Caroline	160	165	75	75	218	210					
King George	158	160	72	75	183	180					
Spotsylvania	594	600	350	350	492	490					
Stafford	610	615	409	410	586	580					
Other											
Total	2052	2075	955	960	1481	1460					

**Please include the projected number to be served in each locality for the upcoming fiscal year.*

Locality Served	Age Groups								Income Levels				
	0-4	5-10	11-13	14-18	19-25	26-40	41-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000	Over \$60,000
Fredericksburg													
Caroline													
King George	Information in this area not needed												
Spotsylvania													
Stafford													
Other													
Total													

Please describe below your data collection methodology and tracking measures. Indicate systems or processes that are used and responsible parties. Please also describe how your projections are determined for the upcoming year. If any of the above information is not available, please indicate why: